| Teitl adroddiad:<br><br>*Report title:* | Special Measures Cycle 1 Closure and Cycle 2 Commencement Report |
|---|---|
| Adrodd i:<br><br>*Report to:* | Health Board |
| Dyddiad y Cyfarfod:<br><br>*Date of Meeting:* | Thursday, 28 September 2023 |
| Crynodeb Gweithredol:<br><br>*Executive Summary:* | The purpose of this paper is to:<br><br>1) Provide an end of cycle assessment for the first 90 day cycle (June – August 2023) within the stabilisation phase<br>2) Present the proposed areas of work for the second cycle (September to November 2023).<br><br>The paper provides an assessment against delivery of each of the cycle 1 areas of work and how the learning from this first cycle is supporting the transition to cycle 2. |
| Argymhellion:<br><br>*Recommendations:* | The Board is asked to:<br><br>1) **RECEIVE ASSURANCE** on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle.<br>2) **APPROVE** the proposed areas of work for the second 90 day cycle |
| Arweinydd Gweithredol:<br><br>*Executive Lead:* | Carol Shillabeer, Chief Executive (Accountable Officer)<br><br>Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive) |
| Awdur yr Adroddiad:<br><br>*Report Author:* | Paolo Tardivel, Director of Transformation and Improvement<br>Geraint Parry, Special Measures Programme |

| Pwrpas yr adroddiad:<br>*Purpose of report:* | I'w Nodi<br>*For Noting*<br>☐ | I Benderfynu arno<br>*For Decision*<br>☒ | Am sicrwydd<br>*For Assurance*<br>☒ |
|---|---|---|---|

| Lefel sicrwydd:<br><br>*Assurance level:* | Arwyddocaol<br>*Significant*<br>☐<br><br>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br>*High level of confidence/evidence in delivery of existing mechanisms/objectives* | Derbyniol<br>*Acceptable*<br>☒<br><br>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br>*General confidence / evidence in delivery of existing mechanisms / objectives* | Rhannol<br>*Partial*<br>☐<br><br>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol<br><br>*Some confidence / evidence in delivery of existing mechanisms / objectives* | Dim Sicrwydd<br>*No Assurance*<br>☐<br><br>Dim hyder/tystiolaeth o ran y ddarpariaeth<br><br>*No confidence / evidence in delivery* |
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|---|---|
| **Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:**<br><br>*Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:* | |
| **Cyswllt ag Amcan/Amcanion Strategol:**<br><br>*Link to Strategic Objective(s):* | To support Special Measures |
| **Goblygiadau rheoleiddio a lleol:**<br><br>*Regulatory and legal implications:* | Not applicable |
| **Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?**<br><br>*In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?* | Not applicable |
| **Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)**<br><br>*Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)* | Not applicable |
| **Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith**<br><br>*Financial implications as a result of implementing the recommendations* | Not applicable |
| **Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith**<br><br>*Workforce implications as a result of implementing the recommendations* | Not applicable |
| **Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori**<br><br>*Feedback, response, and follow up summary following consultation* | Not applicable |
| **Cysylltiadau â risgiau BAF:**<br>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)<br><br>*Links to BAF risks:*<br>(or links to the Corporate Risk Register) | Not applicable |
| **Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)** | Not applicable |

| Reason for submission of report to confidential board (where relevant) | |
|---|---|
| **Camau Nesaf:**<br>Gweithredu argymhellion<br><br>*Next Steps:*<br>*Implementation of recommendations* | |
| **Rhestr o Atodiadau:**<br><br>*List of Appendices:*<br><br>App 1: Summary of Cycle 1 Deliverables<br>App 2: Proposed Cycle 2 Deliverables | |

**HEALTH BOARD 28th September 2023**

## Special Measures Cycle 1 Closure and Cycle 2 Commencement Report

### 1) Introduction

This report presents a summary of the overall position in relation to Special Measures as at the end of the first 90 day cycle (June to August 2023), as well as the proposed areas of work for the second 90 day cycle (September to November 2023). This over-arching summary builds upon the assurance reports that have been presented to Board Sub-Committees for the areas that they have agreed to have oversight of, and provides a complete assessment against all areas of work across each of the 5 outcome areas.

The report identifies some of the key points of learning from the first cycle and how we are applying that learning to cycle 2 and beyond.

The second half of the report then presents the proposed areas of work for the second 90 day cycle, illustrating how the work has transitioned from cycle 1 into cycle 2.

### 2) Cycle 1 Closure Approach

A formal assessment has been undertaken as part of the closure of this first cycle to ensure that the organisation has a clear understanding of progress against the original commitments made and in which areas challenges and learning has emerged which affected overall delivery.

A series of checkpoints have been in place throughout the cycle, both internally and externally, and during August a number of these were utilised to inform the overall assessment of progress to date. This included:

1) A specific session held with Welsh Government, the Independent Advisors and Board Members on the 9th August to ensure alignment on the insights coming out of the independent reviews

2) The quarterly Special Measures Assurance Board, chaired by the Chief Executive of NHS Wales on the 18th August

Regular assessments have been provided to Board Sub Committees for the deliverables they have agreed to have oversight of, and regular scrutiny of progress takes place with responsible executives and their nominated delegates through weekly update reporting. As the cycle has drawn to a close a formal evaluation of progress against each of the agreed areas of work has taken place via an objective assurance process undertaken independently by the Portfolio Management Office. This process has been built upon a process of securing evidence of actions, and where applicable whether that has led to assurance of impact.

## 3) Cycle 1 Closure Summary

The following table provides a high level summary against the deliverables committed to within this first cycle within the stabilisation phase. Where work has not concluded in its entirety during the first cycle, this work will be carried forward into the 2nd cycle. An assessment has been undertaken regarding a revised expected timeline for each area of work and this has been broken down in the following table.

| Outcome | Completed Deliverables | Expected to complete within 4 weeks of the end of cycle 1 (End of Sept) | Expected to complete beyond 4 weeks of the end of cycle 1 | Total |
|---|---|---|---|---|
| **Outcome 1:** A well-functioning Board | 3 | 2 | 2 | 7 |
| **Outcome 2:** A clear, deliverable plan for 2023/24 | 2 | 0 | 6 | 8 |
| **Outcome 3:** Stronger leadership and engagement | 4 | 3 | 3 | 10 |
| **Outcome 4:** Improved access, outcomes and experience for citizens | 5 | 5 | 6 | 16 |
| **Outcome 5:** A learning and self-improving organisation | 3 | 2 | 2 | 7 |
| **Overall** | **17** | **12** | **19** | **48** |

*Table 1*

A more detailed summary against each of the specific areas of work is provided in Appendix 1.

Much of the work in cycle 1 was 'discovery' in nature and therefore was only able to be assured through evidence of actions taken. As the work matures through the next cycle(s) into 'design' and ultimately 'delivery', there will be a stronger focus on assurance of outcomes. This is critically important, given that it is outcomes that matter. The scope of the work in cycle 1 gave limited opportunity to do this, however outcomes can be seen to be improving, for example the improvement in the booking of Planned Care 156 week waiters (Graph 1).

Patients who have been waiting for over 156 weeks for a 1st outpatient appointment,
but who have not received an appointment date (excluding Orthodontics)
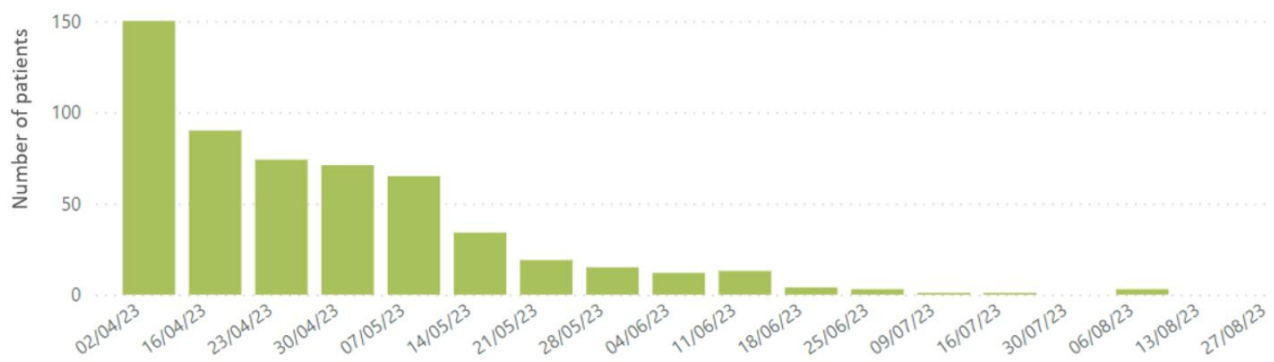
**Graph 1:** Patients who have been waiting for over 156 weeks for a 1st outpatient appointment, but who have not received an appointment date (excluding Orthodontics)

## 4) Learning from Cycle 1

The overall internal assessment of the first cycle is that progress has been made across all areas. The pace required within a discrete 90 day cycle period is demanding and leaves little margin for course-correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board.

Board and committee reporting calendars do not necessarily coincide with the 90 day improvement cycle and this has created reporting challenges in being able to provide the most timely information for assurance arising within the fast-paced improvement cycle environment.

Despite this, our reflections are that the 90 day cycle approach has worked for the needs of the stabilisation phase in providing impetus and focus. We will continue to reflect upon the balance of this as we move from the Stabilisation phase into Standardisation (and ultimately Sustainability) phases as to whether different length reporting cycles would be better suited.

Transitioning from one 90 day cycle to the next, whilst maintaining focus on delivery, meeting the necessary governance requirements and ensuring widespread internal and external engagement has also presented challenges. Whilst this will always be a challenge, there has been a lot of learning about how to more efficiently sequence the Executive and wider organisation engagement activity to conclude in a much shorter time period. There is also an opportunity, as we move from the Stabilisation to the Standardisation phase, to integrate the approach into the annual planning cycle.

Delays in a number of independent review areas have impacted upon the completion of some milestones within cycle 1. There are mitigation plans in place to address, but there is also learning associated to better managing dependencies across areas of work, particularly for items outside of our direct control.

It is evident that the outcome based approach has gained traction and has enabled us to describe a picture with our teams of where we want to get to. This has resonated across the organisation although further engagement work is planned both with internal and external stakeholders.

## 5) Proposed Cycle 2 Areas of Work

This section of the report details the areas of work that are being proposed for the second 90 day cycle (September to November 2023).  These proposed areas are the product of a significant set of engagements with key stakeholders throughout August and early September, including:

- Executive and Non Executive Board Members,
- Independent Advisors,
- Colleagues in the NHS Wales Executive
- Welsh Government Officials,
- the Stakeholder Reference Group and
- Clinical and Operational colleagues from across the Health Board.

As mentioned above, much of the work in the first cycle, such as the 10 independent reviews, was **discovery** work that now requires the necessary co-production **design** work in the second cycle to enable effective **delivery** going forward.  Appendix 2 lists cycle 2 deliverables and illustrates this development journey along with how the work has transitioned from the first into the second cycle.

Those independent reviews that have reported during cycle 1 have been through a thorough thematic analysis, drawing out key areas to focus upon to ensure we address root causes of our challenges, and not the symptoms.  These **themes** have then been triangulated with the work that needs to continue from cycle 1, as well as Welsh Government's expectations for cycle 2.  The following 7 themes have emerged from the reviews that we have to date and have been woven into the existing 5 outcome areas listed in the appendix (Table 2).

| Themes from reviews received to date: |
| --- |
| **1.  Data, Intelligence & Insight**<br>Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities.  This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern. |
| **2.  Culture**<br>Defining, engaging and committing to the long term work necessary to improve the culture of the organisation.  Integrated into our broader organisational development plan across Culture, Leadership and Engagement. |
| **3.  Risk Management**<br>Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored. |

**4.  Patient, Family, Carer Involvement**

A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.

**5.  Operating model**

Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.

**6.  Organisation Governance and compliance**

Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.

**7.  Integrated Planning**

A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.

*Table 2*


## 6) Conclusion / Recommendations

Overall progress has been made across each of the 5 outcomes whilst noting that a number of areas have experienced challenges and delays. This first cycle was predominantly focused around discovery work and there were a number of interdependencies with independent reviews outside the Health Board control, which are yet to report. Where reports have been received a thematic analysis has taken place, coupled with a formal assessment of delivery to date, and this has all been factored into the second cycle.

The Board is asked to:

1)  **RECEIVE ASSURANCE** on the progress made in cycle 1, acknowledging the areas of challenge, along with which elements of the plan will be required to continue in to the second 90-day cycle.
2)  **APPROVE** the proposed areas of work for the second 90 day cycle

## Appendix 1: Summary of Cycle 1 Deliverables

| Key: | Completed | Expected to complete within 4 weeks of the end of cycle 1 (End of Sept) | Expected to complete beyond 4 weeks of the end of cycle 1 |
|---|---|---|---|

### 1. A well-functioning Board

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 1.1 Strengthen Board governance and effectiveness | 1.1.1 Re-establish the main Committees amending the ToRs where necessary pending the review | Board Sec | Completed | 05/06/2023 |
| | 1.1.2 Design special measures report that will go to each Committee | Board Sec | Completed | 31/07/2023 |
| | 1.1.3 Receive and discuss key findings and recommendations from the review of the Office of the Board Secretary | Board Sec | Completed | 13/07/2023 |
| | **PMO Assurance Comments:** *Progress made across all milestones. All of the agreed committees have met and begun cycle of business. The independent review of the Office of the Board secretary (OBS) has completed and reported to a development session of the Audit committee on the 15th September. Further work scheduled into cycle 2 based on the outcome of the report which will include changes to Terms of Reference.* | | | |

| 1.2 IM recruitment | 1.2.1 Appointment of seven IMs including the Chair | Board Sec | Completed | 04/06/2023 |
|---|---|---|---|---|
| | **PMO Assurance Comments:** *The positions of the Interim Chair and six Independent Member (IM) roles have been filled and the work is fully completed.* | | | |

| 1.3 Board inductions | 1.3.1 Consider other HB induction packages in order to adapt and adopt | Board Sec | Completed | 29/07/2023 |
|---|---|---|---|---|
| | 1.3.2 Incorporate learning from other HB's and launch a refreshed induction programme | Board Sec | Within 4 weeks | 30/08/2023 |
| | **PMO Assurance Comments:** *A review of learning from other Health Boards and Trusts in Wales has taken place and the development of a revised induction pack is underway and expected to conclude by the end of September.* | | | |

| 1.4 Board development | 1.4.1 Agree Board development programme to reflect the discussion from the Board development workshop on 22.06.23 | Board Sec | Within 4 weeks | 29/07/2023 |
|---|---|---|---|---|
| | 1.4.2 Board to agree content of programme by end of July | Board Sec | Within 4 weeks | 29/07/2023 |
| | 1.4.3 Commence implementation of the Board programme | Board Sec | Beyond 4 weeks | 30/08/2023 |
| | **PMO Assurance Comments:** *The proposal for the Board development programme is currently being formulated, however further work is required in cycle 2 and the 2nd phase of this work is scheduled for the November Board.* | | | |

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| 1.5 Board committees | 1.5.1 Gain agreement on which Committees will continue and ensure business from discontinued Committees is picked up by other Committees | Board Sec | | 29/07/2023 |
| | 1.5.2 Identify Chairs and Vice Chairs for all continuing Committees and ensure all new Chairs are adequately supported in the development of their first and subsequent agendas, minutes and forward plans | Board Sec | | 30/07/2023 |
| | 1.5.3 Develop and refine work plans for each existing Committee and take to July Board to agree | Board Sec | | 29/07/2023 |
| | 1.5.4 Agree proposals for additional Committees and endorse proposals for Committee work plans to be signed off at September Board | Board Sec | | 30/08/2023 |
| | **PMO Assurance Comments:** *All agreed committees are in place along with chairs. A decision was made to amend the scope of this deliverable by rescheduling the action that required vice chairs to be identified for all committees. This is to better align with the appointment timescale for substantive IMs.* | | | |

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| 1.6 Risk | 1.6.1 Commence discussion on the Board risk appetite approach and new risk management framework and approach at Board Workshop on 22.06.23 | Board Sec | | 21/06/2023 |
| | 1.6.2 Develop risk management framework and approach with Audit Committee and Risk Management Group through July and (targeting Board in September) | Board Sec | | 29/07/2023 |
| | **PMO Assurance Comments:** *The Risk Management Framework is being presented at the September Board and if approved will proceed to implementation.* | | | |

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|---|---|---|---|---|
| 1.7 Permanent Board recruitment | 1.7.1 WG to instigate the recruitment of permanent Independent Members of the Board through the public appointments process | Board Sec | | 07/06/2023 |
| | 1.7.2 Progress appointment of permanent Trade Union IM and Vice Chair via Trade Union nomination and public appointment processes | Board Sec | | 30/08/2023 |
| | 1.7.3 Update on recruitment of CEO to be provided at Remuneration Committee on 13.06.23 | Board Sec | | 12/06/2023 |
| | 1.7.4 Update on status of Interim CEO and recruitment of permanent CEO to Remuneration Committee | Board Sec | | 16/07/2023 |
| | 1.7.5 Executive board appointments following outcome of the Executive Portfolio Review (due end of July, consider it during August) | Board Sec | | 30/08/2023 |
| | **PMO Assurance Comments:** *A range of activities are underway, including an advert for the recruitment of a permanent Chief Executive, however the totality of this work is not complete due to a dependency on the Executive Portfolio Review and work is ongoing to recast a realistic timescale within cycle 2 to reflect the interdependent delays.* | | | |

## 2. A clear, deliverable plan for 2023/24

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 2.1 Annual Plan | 2.1.1 23/24 Annual Plan approved by HBLT and Executive Team | ED P&T | | 20/06/2023 |
| | 2.1.2 23/24 Annual Plan discussed with IMs in Board Workshop | ED P&T | | 21/06/2023 |
| | 2.1.3 23/24 Annual Plan formally approved by Board, and submitted to WG | ED P&T | | 29/06/2023 |
| | **PMO Assurance Comments:** *All milestones were delivered and the plan was submitted to Welsh Government.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 2.2 Financial Savings | 2.2.1 All plans identified with at least 50% being Green/Amber | EDoF | | 28/06/2023 |
| | 2.2.2 All plans finalised with 100% RAG scored Green/Amber | EDoF | | 29/07/2023 |
| | 2.2.3 Achieve savings plan for month of July | EDoF | | 30/08/2023 |
| | 2.2.4 Set up star chamber review sessions, to do a top down assessment of cost pressures and assessments already in the run rate, to inform incremental opportunities for 2023/24 savings plans and 2024/25 savings plans. | EDoF | | 30/08/2023 |
| | 2.2.5 Be clear on contribution of cross cutting themes will have to the 2023/24 savings plans | EDoF | | 29/07/2023 |
| | **PMO Assurance Comments:** *Good progress made during June and July, with over performance partially mitigating pressures generated during months 1 and 2. Work to finalise all plans against the £25.1m savings target having a RAG score of either Green or Amber has been carried forward into cycle and based on the current assessment is unlikely to be complete by the end of September. Further work is also due to be undertaken and completed during September around instigating a Recurrent Investment Group Assurance process.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 2.3 Future Financial and Value Opportunities | 2.3.1 Significant progress made on 2024/25 Savings opportunity pipeline | EDoF | | 30/08/2023 |
| | 2.3.2 Collective Exec discussion on the approach to 'Value' across the organisation going forward | EDoF | | 30/08/2023 |
| | **PMO Assurance Comments:** *A small number of schemes for 2024/25 have been identified however work in this area is being re-profiled with revised deadlines being set for November.* | | | |

| 2.4 Local plans | 2.4.1. Process in place to clearly link Local Planning into overarching BCU Corporate Annual Plan, and vice versa | ED P&T | | 07/06/2023 |
|---|---|---|---|---|
| | 2.4.2. Through use of agreed process from 2.4.1. demonstrate read-across from annual plan to local operational plans | ED P&T | | 28/06/2023 |
| | 2.4.3. Accountability delivery agreements issued for each IHC and Division confirming how the mapped annual plan requirements (in 2.4.2) are expected to be delivered in the respective IHC/division, monitored through BCU IHC/divisional Accountability meetings. | ED P&T | | 29/07/2023 |
| | 2.4.4 Discuss at Informal Execs how to adapt and adopt a framework and systems for cascading and monitoring board objectives | ED P&T | | 30/08/2023 |
| | **PMO Assurance Comments:** *Concluding actions in relation to 2.4.3 and 2.4.4 remain outstanding due to prioritising intervening work to address current financial position. Consequently unlikely to reach a conclusion by the end of September.* | | | |

| 2.5 Planning Review | 2.5.1. Director of Planning to lead the co-production of a ToR with WG that meets the requirements of WG and BCU. | ED P&T | | 12/07/2023 |
|---|---|---|---|---|
| | 2.5.2. Successful completion of fieldwork for planning review | ED P&T | | 30/08/2023 |
| | **PMO Assurance Comments:** *Milestones within this area were completed and the fieldwork has concluded. The final report is currently expected in October.* | | | |

| 2.6 Contract procurement and management Review | 2.6.1 Draft Contract procurement and management Review Report | EDoF | | 17/08/2023 |
|---|---|---|---|---|
| | 2.6.2 Final Contract procurement and management Review Report | EDoF | | 30/08/2023 |
| | 2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered 'urgent' during. | EDoF | | 30/08/2023 |
| | **PMO Assurance Comments:** *This review has not commenced within the first cycle as originally intended and there is likely to be some further delay before it concludes.* | | | |

| 2.7 Finance Team & Capacity | 2.7.1 2x Finance Directors appointed – 1) Business partnering, 2) Planning and financial improvement | EDoF | | 29/09/2023 |
|---|---|---|---|---|
| | 2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department | EDoF | | 19/06/2023 |
| | 2.7.3 Undertake a robust assessment of the required staffing resource of the Finance Department and develop a new Operating Model | EDoF | | 30/08/2023 |
| | **PMO Assurance Comments:** *Initial appointments made at a senior level to stabilise the team. The remaining proposals to strengthen the team are now being revised in response to the impact from the initial appointments made. This proposal has been consulted upon with the WG advisor and will be put forward for consideration and deployment in the 2nd cycle.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 2.8 Financial Governance | 2.8.1 Create Local level SORDs (pending review at Corporate level) | EDoF | Red | 29/07/2023 |
| | 2.8.2 Conduct a review of monthly routine reporting and establish a regular challenge of forecasts with the CFOs and commence the new approach | EDoF | Purple | 29/07/2023 |
| | 2.8.3 Agree the financial framing of the plan for planned care | EDoF | Purple | 28/06/2023 |
| | 2.8.4 Establish a new monthly Performance & Finance Delivery Group | EDoF | Purple | 29/07/2023 |
| | 2.8.5 Summarise key learning to inform a development programme for Finance staff | EDoF | Red | 30/08/2023 |
| | 2.8.6 Deliver annual accounts on time | EDoF | Purple | 30/07/2023 |
| | **PMO Assurance Comments:** *Local schemes of delegation (SORD's) have been drafted and work to centrally evaluate these documents will commence during cycle 2. This work to evaluate the local SORD's and a revised Health Board SORD not planned for approval until December.* | | | |

# 3. Stronger leadership and engagement

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 3.1 Exec Portfolios Review | 3.1.1 Comment and agree Exec Portfolio review ToR | ED WOD | Purple | 29/06/2023 |
| | 3.1.2 Support and enable participation in the Exec Portfolio review | ED WOD | Purple | 29/07/2023 |
| | 3.1.3 Receive and discuss key findings and recommendations from the Exec Portfolio review | ED WOD | Red | 30/08/2023 |
| | **PMO Assurance Comments:** *The review has concluded however the final report is yet to be formally received into the organisation. Based on current anticipated timescales, receiving the discussing the findings or recommendations is unlikely to conclude before the end of September.* | | | |
| 3.2 Operating Model stocktake | 3.2.1 Develop a methodology for reviewing the structural element of the operating model stocktake | ED WOD | Purple | 26/06/2023 |
| | 3.2.2 Undertake the work to feed into the stock take across July and August | ED WOD | Purple | 05/08/2023 |
| | 3.2.3 Consider themes and priorities from stock take | ED WOD | Amber | 30/08/2023 |
| | **PMO Assurance Comments:** *The operating model stocktake has completed and in the process of being written up. Work to consider the outcomes will now take place in September.* | | | |
| 3.3 Interim Finance Director recruitment | 3.3.1 Hold interviews and make offer of appointment for Interim DoF | CEO | Purple | 18/06/2023 |
| | 3.3.2 Interim DoF in-post | CEO | Purple | 02/07/2023 |
| | **PMO Assurance Comments:** *This deliverable was completed during June with the post holder commencing on the 1st July.* | | | |
| 3.4 Senior HR Cases | 3.4.1 Create a comprehensive case load management approach – including regular review | CEO | Purple | 17/08/2023 |
| | 3.4.2 Feedback outcomes of specific reviews to individuals involved and seek resolution / closure | CEO | Purple | 30/08/2023 |
| | **PMO Assurance Comments:** *A caseload management approach is now in place, with all milestones and progressing as planned.* | | | |

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| 3.5 Exec Team development programme | 3.5.1 Discussion with HEIW to identify support and resources available | ED WOD | | 05/07/2023 |
| | 3.5.2 Development of a draft programme | ED WOD | | 02/08/2023 |
| | 3.5.3 Socialise draft programme and resources required with Executive team for comments | ED WOD | | 16/08/2023 |
| | 3.5.4 Review comments and finalise the programme to be delivered | ED WOD | | 26/08/2023 |
| | *PMO Assurance Comments: Proposals in this area have been completed, however they are going through consultation at executive level during September.* | | | |

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|---|---|---|---|---|
| 3.6 Senior Leadership development programme | 3.6.1 Scope current offer from HEIW / NHS Leadership Academy / Local Universities / other Wales NHS HB | ED WOD | | 05/07/2023 |
| | 3.6.2 Work with internal and external stakeholders to draft a Leadership development framework for Tiers 3-4 building on current activity | ED WOD | | 02/08/2023 |
| | 3.6.3 Socialise draft framework and resources required with Executive team for comments | ED WOD | | 16/08/2023 |
| | 3.6.4 Review comments and finalise the framework to be delivered | ED WOD | | 26/08/2023 |
| | *PMO Assurance Comments: Proposals in this area have been completed, however they are going through consultation at executive level during September.* | | | |

| | | | | |
|---|---|---|---|---|
| 3.7 Interims Review | 3.7.1 Support and enable the review of interims | ED WOD | | 21/06/2023 |
| | 3.7.2 Receive, review and digest report and recommendations | ED WOD | | 29/07/2023 |
| | 3.7.3 Create an action plan to address recommendations and commence implementation | ED WOD | | 30/08/2023 |
| | *PMO Assurance Comments: All of the fieldwork was completed and the report has been received and is scheduled for discussion with the reviewer at a development session of the Remuneration Committee.* | | | |

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|---|---|---|---|---|
| 3.8 Clinical Engagement | 3.8.1 Clarify scope and create a detailed project plan for 1st 90 day cycle | ED T&HS | | 09/07/2023 |
| | 3.8.2 Complete all necessary field work | ED T&HS | | 03/08/2023 |
| | 3.8.3 Complete analysis of field work and create draft report containing recommendations for improvement in clinical engagement | ED T&HS | | 17/08/2023 |
| | 3.8.4 Final report containing recommendations for improvement in clinical engagement | ED T&HS | | 30/08/2023 |
| | *PMO Assurance Comments: The scoping work scheduled for this cycle was completed in its entirety and a final report has been produced and submitted for discussion at the executive team.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 3.9 Priority community groups engagement | 3.9.1 Review process of communication with patients, families and carers as part of the vascular quality review | Dir P,C&E | 🟥 | 28/06/2023 |
| | 3.9.2 Pilot the new approach | Dir P,C&E | 🟥 | 29/07/2023 |
| | 3.9.3 Assess impact of the change and start to share/spread learning | Dir P,C&E | 🟥 | 30/08/2023 |
| | 3.9.4 Review of how engagement currently works with patients, staff, public and stakeholders | Dir P,C&E | 🟪 | 28/06/2023 |
| | 3.9.5 Receive and digest the report from Cath Broderick | Dir P,C&E | 🟥 | 29/07/2023 |
| | 3.9.6 Start to implement the recommendations from the report | Dir P,C&E | 🟥 | 30/08/2023 |
| | 3.9.7 Review the roles and structure of the Partnerships, Engagement and Communication team | Dir P,C&E | 🟥 | 29/07/2023 |
| | 3.9.8 Receive and digest the report | Dir P,C&E | 🟥 | 30/08/2023 |
| | **PMO Assurance Comments:** *The report from the Independent Advisor is awaited and therefore the action plan cannot be produced in response. Based on current dates, it is expected that responding to the report will extend beyond the end of September.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 3.10 Address our fragmented care record concern | 3.10.1 1st Draft of Outline Case for the organisation wide Electronic Patient Record (EPR) approach | CDIO | 🟥 | 30/08/2023 |
| | 3.10.2 1st draft of outline case for Tactical ED service blueprint (that can be delivered in 6-12 months) | CDIO | 🟥 | 30/08/2023 |
| | 3.10.3 Appointment of 2 partners for ED service Blueprint | CDIO | 🟪 | 19/07/2023 |
| | 3.10.4 Appointment of partner to develop a base Strategic Outline Case for EPR for BCU | CDIO | 🟪 | 28/06/2023 |
| | **PMO Assurance Comments:** *Tactical work with clinicians in ED is reaching an end although the first draft of the report is not complete. The 1st draft of the strategic outline case for an Electronic Patient Record (EPR) is progressing but is not likely to be delivered before the end of September.* | | | |

## 4. Improved access, outcomes and experience for citizens

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 4.1 Patient Safety Review | 4.1.1 Submission of draft report to WG for approval | EDN | 🟪 | 07/06/2023 |
| | 4.1.2 Health Board to receive report and respond to actions as defined by report (dependent on milestone 4.1.1) | EDN | 🟪 | 28/06/2023 |
| | 4.1.3 Respond to any immediate priorities identified under 4.1.2 for this 90 day cycle | EDN | 🟪 | 02/08/2023 |
| | **PMO Assurance Comments:** *The review has concluded and the report received. This has been discussed at a development session of the QSE Committee.* | | | |

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|---|---|---|---|---|
| 4.2 Planned Care | 4.2.1 Secure an outcome from Welsh Government on proposals for planned care funding | EDoOps | 🟡 (amber) | 29/07/2023 |
| | 4.2.2 Improve productivity and theatre utilisation in Abergele – including a change in clinical and operational leadership | EDoOps | 🟣 (purple) | 29/07/2023 |
| | 4.2.3 Formally agree a revised planned care programme as one of our major programmes, through sign off of a Programme Initiation Document | EDoOps | 🟣 (purple) | 30/08/2023 |
| | 4.2.4 All over 156 week waits booked (excluding Orthodontics) | EDoOps | 🟣 (purple) | 30/08/2023 |
| | **PMO Assurance Comments:** *Good progress has been made on a revised planned care programme supported by a programme initiation document. This has supported improvements in theatre utilisation in Abergele and reductions in 156 week waiters. Concluding proposals for planned care funding remain outstanding with further options being prepared for executive consideration during September.* | | | |

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|---|---|---|---|---|
| 4.3 Orthopaedics | 4.3.1 Draft Business Case (estimated capital costs) completed | ED P&T | 🟣 (purple) | 29/07/2023 |
| | 4.3.2 Business Case submitted to Board for approval | ED P&T | 🟡 (amber) | 30/08/2023 |
| | **PMO Assurance Comments:** *Significant work undertaken on the development of the Business case. This work did not quite conclude by the end of the first cycle and the Business case is now scheduled to go to September Board for approval.* | | | |

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|---|---|---|---|---|
| 4.4 Vascular Review | 4.4.1 WAAASP (Wales Abdominal Aortic Aneurysm Screening Programme) and WG Quality Assurance Reviews | EMD | 🟣 (purple) | 20/06/2023 |
| | 4.4.2 Receive, review and digest report and recommendations | EMD | 🔴 (red) | 29/07/2023 |
| | 4.4.3 Create an action plan to address recommendations and commence implementation | EMD | 🔴 (red) | 30/08/2023 |
| | **PMO Assurance Comments:** *The vascular review is yet to formally report with an interim assurance having been supplied at this stage. The review itself is expected to report shortly. The final milestone (4.4.3) of an action plan to address any recommendations from the review is dependent on receipt of the review. In the meantime an interim improvement plan is being followed.* | | | |

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| 4.5a Service improvements - Vascular | 4.5.a.1 Review and assess existing improvement plans | EMD | 🟣 (purple) | 29/07/2023 |
| | 4.5.a.2 HIW revisit | EMD | | 03/08/2023 |
| | 4.5.a.3 Staffing model addressed, including ward 3 nursing | EMD | 🔴 (red) | 30/08/2023 |
| | 4.5.a.4 Refreshed integrated improvement plan | EMD | 🟣 (purple) | 30/08/2023 |
| | **PMO Assurance Comments:** *Solid progress has been made in a number of agreed areas including reviewing and revising existing improvements and this service was formally de-escalated as a service of significant concern by HIW in June. The original milestones for this cycle did however include plans for the staffing model to be addressed, inclusive of ward 3 nursing in YGC. This remains outstanding pending further discussion.* | | | |

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| 4.5b Service improvements - Urology | 4.5.b.1 Appoint Pan BCU Clinical Lead | EMD | 🟣 (purple) | 28/06/2023 |
| | 4.5.b.2 Agree alternate pathways instead of robot and commence implementation | EMD | 🔴 (red) | 29/07/2023 |
| | 4.5.b.3 Receive Urology Royal College Review | EMD | 🟡 (amber) | 25/07/2023 |
| | 4.5.b.4 Refreshed integrated improvement plan | EMD | 🔴 (red) | 30/08/2023 |
| | **PMO Assurance Comments:** *The report from the Royal College of Surgeons was received as the first cycle was concluding and is currently being reviewed at executive level. The resulting refreshed improvement plan is therefore outstanding due to its dependency to the review.* | | | |

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| 4.5c Service improvements - Ophthalmology | 4.5.c.1 Commence recruitment process for Pan BCU Clinical Lead | EDoOps | | 30/08/2023 |
| | 4.5.c.2 Confirmation of R1 Clinical revalidation plan (Longest-Waiting R1s) | EDoOps | | 30/07/2023 |
| | 4.5.c.3 Deliver Pan BCU (expanded) signed-off Diabetic Retinopathy Pathway | EDoOps | | 30/08/2023 |
| | 4.5.c.4 Refreshed integrated improvement plan | EDoOps | | 30/08/2023 |
| | **PMO Assurance Comments:** *Good progress has been made against clinical validation for longest waiting patients and a diabetic retinopathy pathway and clear evidence submitted. The refreshed improvement plan is however delayed due to delayed receipt of the GIRFT reports around cataracts and Glaucoma, and the need to factor in clinically led discussions via an away day.* | | | | |

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| 4.5d Service improvements - Oncology | 4.5.d.1 Make key staffing appointments to bring work back into BCU and reduce risk | EMD | | 29/06/2023 |
| | 4.5.d.2 Develop a refreshed staffing plan | EMD | | 30/08/2023 |
| | 4.5.d.3 Refreshed integrated improvement plan | EMD | | 30/08/2023 |
| | **PMO Assurance Comments:** *Work in this area has progressed well and all scheduled work has completed leading to a refreshed improvement plan.* | | | | |

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|---|---|---|---|---|
| 4.5e Service improvements - Dermatology | 4.5.e.1 Commence recruitment process for Pan BCU Clinical Lead | EDoOps | | 30/08/2023 |
| | 4.5.e.2 New recruitment model in place | EDoOps | | 31/07/2023 |
| | 4.5.e.3 Refreshed integrated improvement plan | EDoOps | | 30/08/2023 |
| | **PMO Assurance Comments:** *This remains a challenge with a significant amount of work remaining to be done in relation to the improvement plan, and discussions are being expedited.* | | | | |

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| 4.5f Service improvements - Plastics | 4.5.f.1 Provide St Helens & Knowsley with IT access to BCU systems | EDoOps | | 29/06/2023 |
| | 4.5.f.2 Review and refresh of outstanding agreed actions working closely with Welsh Health Specialised Services Committee (WHSSC) | EDoOps | | 29/07/2023 |
| | 4.5.f.3 Refreshed integrated improvement plan | EDoOps | | 30/08/2023 |
| | **PMO Assurance Comments:** *Good progress evident across each of the agreed areas for cycle 1 culminating in an improvement plan being in place and submitted as evidence.* | | | | |

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|---|---|---|---|---|
| 4.6 MH Stocktake Review | 4.6.1 To submit initial briefing report and evidence bank aligned to recommendations from Holden report | ED PH | | 14/06/2023 |
| | 4.6.2 Submit initial briefing report and evidence bank aligned to recommendations from the Ockenden report | ED PH | | 06/07/2023 |
| | 4.6.3 Submit initial briefing report and evidence bank aligned to recommendation form the HASCAS report | ED PH | | 12/07/2023 |
| | 4.6.4 Engage with Royal College of Psychiatry to plan Phase 2 ie Interviews with key stakeholders. | ED PH | | 31/07/2023 |
| | **PMO Assurance Comments:** *Clear evidence of progress and good collaboration in line with the scope of the deliverable. An action plan has been developed and a briefing report has been received with plans for cycle 2 formulated.* | | | | |

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|---|---|---|---|---|
| 4.7 Inpatients Safety Review | 4.7.1 When report received, to develop action plan aligned to recommendations and identify lead to progress | ED PH | | 09/08/2023 |
| | 4.7.2 To establish a working group to progress actions and agree reporting aligned to MH&LD Governance Framework | ED PH | | 23/08/2023 |
| | *PMO Assurance Comments: An action plan has been developed in response to the recommendations from the review and an Inpatients Safety Group has been established to progress the work as part of an agreed governance framework. The review has also been presented to a development session of QSE during September.* | | | |

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|---|---|---|---|---|
| 4.8 CAMHS and Neurodiversity action plan | 4.8a.1 Refresh and agree CAMHS Recovery plan | EDoOps | | 28/06/2023 |
| | 4.8a.2 Commence implementation of a CAMHS Recovery plan to improve MHM performance | EDoOps | | 29/07/2023 |
| | 4.8a.3 Ensure CAMHS is covered in Operating Model Stocktake (Deliverable 3.2) | EDoOps | | 30/08/2023 |
| | 4.8b.1 Review of the ND Programme Plan (taking input from the national workshop with ND colleagues held on 18/05/2023) | EDoOps | | 29/07/2023 |
| | 4.8b.2 Award of ND tender for private provision of assessments | EDoOps | | 30/08/2023 |
| | 4.8b.3 Commence implementation of ND Programme Plan | EDoOps | | 30/08/2023 |
| | *PMO Assurance Comments: CAMHS: A recovery plan is in place for the West IHC and has been submitted, however recovery plans for Central and East remain in development. ND: Progress has been made in both reviewing the programme plan and commencing implementation of a revised plan, which is now being overseen by a programme Board. Scheduled work did however include a tender exercise in order to award private provision for assessments and at this stage there is a low confidence that this could be completed by the end of September.* | | | |

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 4.9 Urgent and Emergency Care 6 goals and winter planning | 4.9a.1 Completion of Triage training for ED nurses / clinicians to support redirection and streaming, coupled with implementation of PDSA cycle for Streaming | EDoOps | 🟪 | 29/06/2023 |
| | 4.9a.2 Conclusion of ED frequent attender review | EDoOps | 🟪 | 17/08/2023 |
| | 4.9a.3 Roll out new Acute Medical model across all 3 IHCS | EDoOps | 🟧 | 30/08/2023 |
| | 4.9a.4 Completion of co-located UTC Pilot in Wrexham for low acuity patients, with implementation of identified learning underway (and being shared with West and Central) | EDoOps | 🟪 | 30/08/2023 |
| | 4.9a.5 Formally agree a revised urgent and emergency care programme as one of our major programmes, through sign off of a Programme Initiation Document | EDoOps | 🟪 | 30/08/2023 |
| | 4.9b.1 CEO discussions with Local Authorities CEOs to seek commitment to work together | EDoOps | 🟪 | 06/07/2023 |
| | 4.9b.2 RPB / Social care meeting to ensure joint working for escalation planning and resilience 2023-2024 | EDoOps | 🟧 | 30/07/2023 |
| | 4.9b.3 Table top review of winter resilience planning in conjunction with key stakeholders. | EDoOps | 🟪 | 17/08/2023 |
| | 4.9b.4 Draft Health Board winter resilience plan to be completed and submitted for Executive review | EDoOps | 🟪 | 30/08/2023 |
| | **PMO Assurance Comments:** *Narrative update provided confirming that work has completed across all milestones, however continuing to process evidence from multiple sources. Groundwork has been undertaken including a table top review of winter resilience in conjunction with key stakeholders. A key piece of collaboration with social care partners to ensure joint working around escalation planning has been deferred into September to maximise social care involvement. The overall Health Board draft winter resilience plan will be completed by the end of September however and submitted for review at the executive team on the 4th October.* | | | |

# 5. A learning and self-improving organisation

| Deliverable | Milestones summary text | SRO | Status | Due Date |
|---|---|---|---|---|
| 5.1 Develop a Learning Organisation Framework | 5.1.1 Meet with organisational colleagues already working in this area | ED WOD | 🟪 | 02/07/2023 |
| | 5.1.2 Map the work already done and draw out the high-level elements/components (e.g. culture, systems and processes) needed to create a Learning Organisation Framework (LOF) | ED WOD | 🟪 | 29/07/2023 |
| | 5.1.3 Produce a 1st high-level draft of framework and share with stakeholders to test whether design criteria related to fairness and learning from mistakes are evident in the framework when reviewed | ED WOD | 🟪 | 26/08/2023 |
| | **PMO Assurance Comments:** *A high level draft framework has been completed and has been shared with colleagues and stakeholders and is awaiting feedback before proceeding further.* | | | |

| Area | Task | Owner | Status | Date |
|---|---|---|---|---|
| 5.2 Learning from incidents | 5.2.1 Establish and embed a regular cycle for the learning forum and confirm the on-going purpose of the forum | EDN | Purple | 17/06/2023 |
| | 5.2.2 Development of a learning framework/model for patient safety and experience | EDN | Red | 15/07/2023 |
| | 5.2.3 Preparing the case files and evidence ahead of the court hearing | EDN | Purple | 01/08/2023 |
| | 5.2.4 Create SOP, governance and single central repository for responses to enable extraction of themes and learning | EDN | Red | 29/08/2023 |
| | **PMO Assurance Comments:** *Good progress has been made alongside the development of the Learning Organisation Framework. This includes the development of a learning bulletin and an Organisational Learning Forum. Further work is underway with the NHS Executive, which will also be supplemented by governance work in around Standard Operating Procedures and a single repository, however these are not expected to conclude early in cycle 2.* | | | |

| Area | Task | Owner | Status | Date |
|---|---|---|---|---|
| 5.3 Clinical Governance Review | 5.3.1 The progress of this task relies on the outcome of the Patients Safety review. At present, it is not clear whether this review is needed and if so, when work will start and what the duration will be. This is reflected in the overall delivery confidence. | EDN | Red | |
| | **PMO Assurance Comments:** *This deliverable is dependent on the Patient Safety Review and it is yet to be procured by Welsh Government. This is awaiting the finalisation of the Patient Safety review following discussion at QSE and agreement on next steps.* | | | |

| Area | Task | Owner | Status | Date |
|---|---|---|---|---|
| 5.4 Transformation & Improvement support | 5.4.1 Work with impacted stakeholders to develop a high level concept of how to ensure the T&I resource is allocated to priority areas | ED P&T | Purple | 29/06/2023 |
| | 5.4.2 A final proposal for T&I resource allocation signed off at HBLT | ED P&T | Purple | 26/07/2023 |
| | 5.4.3 Implementation of the proposal agreed at HBLT, including consideration of hand over of previous work | ED P&T | Amber | 30/08/2023 |
| | **PMO Assurance Comments:** *Documents submitted and approved, and final discussions re: implementation were carried forward into cycle 2 due to annual leave and have concluded during September.* | | | |

| Area | Task | Owner | Status | Date |
|---|---|---|---|---|
| 5.5 Healthcare Public Health programme | 5.5.1 Internal discussion on how to enhance the current work programme on Healthcare Public Health. | ED PH | Purple | 05/07/2023 |
| | 5.5.2 Capacity identified to support the 90-day activity. (Note – scope of programme will be dependent on level of capacity made available to support) | ED PH | Purple | 12/07/2023 |
| | 5.5.3 Scope the programme. This is a key arm to our proactive issue identification around service quality and effectiveness | ED PH | Purple | 30/08/2023 |
| | **PMO Assurance Comments:** *The agreed output of a proposed programme for public health has been achieved, and this has been scoped in line with the resources available.* | | | |

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|---|---|---|---|---|
| 5.6 Special Measures assurance approach | 5.6.1 Take learning from CTM Health Board experience of using matrices, and commence documentation of a proposed assurance approach | Board Sec | 🟪 | 04/06/2023 |
| | 5.6.2 To agree final assurance approach at SMRG on 21.06.23 | Board Sec | 🟧 | 19/06/2023 |
| | 5.6.3 Secure resource for a Special Measures support team | Board Sec | 🟪 | 28/06/2023 |
| | 5.6.4 Implement agreed assurance approach | Board Sec | 🟧 | 30/07/2023 |
| | **PMO Assurance Comments:** *The 1st line of defence (internal) assurance via the PMO has already been deployed. Mobilisation and planning of 2nd (peer group) and 3rd lines (external) of defence is now underway for when the deliverables mature sufficiently to be reviewed by these mechanisms.* | | | |

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|---|---|---|---|---|
| 5.7 Intelligence led organisation | 5.7.1 Review the reporting criteria applied to admitted patient care datasets in relation to the setting and monitoring of planned care demand, capacity and activity plans. | CDIO | 🟪 | 29/07/2023 |
| | 5.7.2 Develop a proposed governance framework for the request and sign-off of changes to reporting criteria and capacity and activity plans | CDIO | 🟪 | 28/07/2023 |
| | 5.7.3 Agree and document a work plan with each of the GIRFT programmes in relation to the clinical coding and data based recommendations of the GIRFT reviews. | CDIO | 🟪 | 30/08/2023 |
| | 5.7.4 Develop a framework for the triangulation of externally reported data (through GIRFT programmes) with internal reporting to ensure transparency and consistency of reporting | CDIO | 🟪 | 30/08/2023 |
| | 5.7.5 Proposal - for the development of a data strategy, outlining the tactical and strategic actions required to drive us towards becoming an intelligence led organisation | CDIO | 🟪 | 30/08/2023 |
| | **PMO Assurance Comments:** *The planned work in this cycle is complete with significant groundwork completed culminating in a data strategy proposal as intended.* | | | |

**Appendix 2: Proposed Cycle 2 Deliverables**

Below are the definitions for the categorisations that have been applied to the work within Cycles 1 and 2 on the tables below.

| Status of work in Cycle 1 | Symbol |
|---|---|
| Complete – no further work required | ✔ Complete |
| Further work required in next cycle | ➔2 |
| Not related to work in Cycle 1 | NEW |

| Phase / type of work | Text Shading |
|---|---|
| **Discovery work** <br> Exploration phase that builds understanding | |
| **Design work** <br> *Design of solutions based on the Discovery Work* | |
| **Delivery work** <br> *Delivering the solution designed in the Design Work phase, leading to an improved outcome* | |

**Outcome 1: A well-functioning Board**

| | Cycle 1 (Jun – Aug) | | Cycle 2 (Sep – Nov) | Exec Lead |
|---|---|---|---|---|
| 1.1 | Strengthen Board governance and effectiveness (review of OBS) | ➔2 | 5.3 - Clinical Governance review | EDN |
| | | | 2.6 - Contract and procurement management review | EDoF |
| | | | 3.12 - Culture improvement | ED WOD |
| | | | 1.9 - Policy management and implementation/audit approach | Board Sec |
| | | | 3.2 – Senior leadership engagement in initial Operating Model restructure stocktake findings | ED WOD |
| | | | 2.8 - Financial Control Environment Action Plan | EDoF |
| | | | 1.5 – All committees with assigned IMs operational | Board Sec |
| | | | 1.8 - OBS team – implement interim and design permanent structure | Board Sec |
| 1.2 | IM recruitment (temp) | ✔ Complete | | |

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|---|---|---|---|---|
| 1.3 | Board inductions – phase 1 | ➔2 | 1.3 - Implement phase 1 induction for all Board members | Board Sec |
| 1.4 | Board development programme – phase 1 | ➔2 | 1.4 - Develop phase 1 Board development programme | Board Sec |
| 1.5 | Establish Board committees, complete committee induction and development of work plans | ➔2 | 1.5 - All committees with assigned IMs operational | Board Sec |
| 1.6 | Commence review and revision of risk appetite and approach | ➔2 | 1.6 - Design Risk management framework and commence implementation | Board Sec |
| 1.7 | Permanent Board recruitment incl CEO | ➔2 | 1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases | ED WOD |
| | | NEW | 1.8 - OBS team – implement interim and design permanent structure | Board Sec |
| | | NEW | 1.9 - Policy management and implementation/audit approach | Board Sec |

**Outcome 2: A clear, deliverable plan for 2023/24**

| | Cycle 1 (Jun – Aug) | | Cycle 2 (Sep – Nov) | Exec Lead |
|---|---|---|---|---|
| 2.1 | Clear and deliverable Annual Plan | ➔2 | 2.10 - Design Integrated Performance framework | ED P&T |
| 2.2 | Financial savings for 23/24 | ➔2 | 2.2- Implement escalated financial savings approach for 23/24 | EDoF |
| 2.3 | Financial & value opportunities for 24/25 & 25/26 | ➔2 | 2.3 - Financial & value opportunities for 24/25 & 25/26 | EDoF |
| 2.4 | Develop and commence delivery of Local plans | ➔2 | 2.4 - Deliver local plans associated with the annual planning process | Operations |
| 2.5 | Planning review | ➔2 | 2.5 - Continue supporting and enabling a review of Planning | ED P&T |
| 2.6 | Contract and procurement management review | ➔2 | 2.6 - Contract and procurement management review | EDoF |
| 2.7 | Stabilise Finance team and develop capacity | ➔2 | 2.7 - Stabilise Finance team and develop capacity | EDoF |
| 2.8 | Financial Control Environment Action Plan | ➔2 | 2.8 - Financial Control Environment Action Plan | EDoF |
| | | NEW | 2.9 - Design Integrated Planning Framework and commence implementation | ED P&T |
| | | NEW | 2.10 - Design Integrated Performance framework and commence implementation | EDoF |

## Outcome 3: Stronger leadership and engagement

| Cycle 1 (Jun – Aug) | | | Cycle 2 (Sep – Nov) | Exec lead |
|---|---|---|---|---|
| 3.1 | Exec Portfolios review | →2 | 3.1 – Exec Portfolios review | CEO |
| 3.2 | Operating Model restructure stocktake | →2 | 3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings | ED WOD |
| 3.3 | Interim Finance Director recruitment | ✓ Complete | | |
| 3.4 | Senior HR Cases | →2 | 1.7 – Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases | ED WOD |
| 3.5 | Exec Team development programme | →2 | 3.5 - Leadership development (covering Exec and senior leadership development) | ED WOD |
| 3.6 | Senior Leadership development programme | →2 | 3.5 - Leadership development (covering Exec and senior leadership development) | ED WOD |
| 3.7 | Interims review | →2 | 3.1 - Exec Portfolios review recommendations | CEO |
| | | | 3.12 - Culture improvement | ED WOD |
| | | | 3.14 - Create and commence implementation of plan for replacement of all Interim roles | ED WOD |
| | | | 1.9 - Policy management and implementation/audit approach | Board Sec |
| | | | 2.8 - Financial Control Environment Action Plan | EDoF |
| | | | 1.5 - Full set of operating committees | Board Sec |
| 3.8 | Create Clinical Engagement improvement plan | →2 | 3.8 – Consider outcome of clinical engagement field work | ED T&HS |
| 3.9 | Priority community groups engagement – develop a structured approach | →2 | 3.9 - Patient, family and carer involvement | D P,C&E |
| 3.10 | Develop plans for integrated electronic patient record | →2 | 3.10 - Implement plans for integrated electronic patient record | CDIO |
| | | NEW | 3.11 – Create an Organisational Development Plan covering the full suite of interventions outside of just the Operating Model structure (Strategy, People, Process/Systems, Structures, Culture) | ED WOD |
| | | NEW | 3.12 - Design Culture definition and improvement – taking inputs from all independent reviews | ED WOD |
| | | NEW | 3.13 - Create and commence implementation of plan for replacement of all Agency Interim roles | ED WOD |
| | | NEW | 3.14 - Introduce the NHS Wales Staff Survey | ED WOD |

**Outcome 4: Improved access, outcomes and experience for citizens**

| | Cycle 1 (Jun – Aug) | | Cycle 2 (Sep – Nov) | Exec lead |
|---|---|---|---|---|
| 4.1 | Patient Safety review | →2 | 5.3 - Clinical Governance Review | EDN |
| | | | 3.1 - Exec Portfolios review recommendations | CEO |
| | | | 3.12 - Culture improvement | ED WOD |
| | | | 2.10 - Design Integrated Performance framework | EDoF |
| | | | 5.1 - Implement a Learning Organisation Framework | ED WOD |
| | | | 3.5 - Leadership development  (covering Exec and senior leadership development) | ED WOD |
| | | | 5.7 - Intelligence led organisation (covering Data, Intelligence & Insight) | CDIO |
| | | | 3.2 - Senior leadership engagement in initial Operating Model restructure stocktake findings | ED WOD |
| 4.2 | Revised Planned Care Programme and all 156 week waiters 1st appointment booked | →2 | 4.2 - Planned Care - Drive a revised programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities.<br>- Sustain Stage 1 >156 weeks booked<br>- Make continuous improvement towards >104 weeks | Operations |
| 4.3 | Orthopaedic business case | →2 | 4.3 - Finalisation of the Orthopaedic expansion business case | ED P&T |
| 4.4 | Vascular review | →2 | 4.5a – Progress Vascular improvement plan | EMD |
| 4.5a | Vascular improvement plan | →2 | 4.5a - Progress Vascular improvement plan | EMD |
| 4.5b | Urology improvement plan | →2 | 4.5b - Progress Urology improvement plan | EMD |
| 4.5c | Ophthalmology improvement plan | →2 | 4.5c - Progress Ophthalmology improvement plan | Operations |
| 4.5d | Oncology improvement plan | →2 | 4.5d - Progress Oncology improvement plan | EMD |
| 4.5e | Dermatology improvement plan | →2 | 4.5e - Progress Dermatology improvement plan | Operations |

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|---|---|---|---|---|
| 4.5f | Plastics improvement plan | →2 | 4.5f - Progress Plastics improvement plan | Operations |
| 4.6 | Mental Health review of previous reviews | →2 | 4.6 - Mental Health review of previous reviews – phase 2 | ED PH |
| 4.7 | Mental Health Inpatients Safety review | →2 | 3.9 - Patient, family and carer involvement | D P,C&E |
| | | | 1.9 - Policy management and implementation/audit approach | Board Sec |
| | | | 4.7 - Mental Health Inpatients Safety review – phase 2 | ED PH |
| 4.8a | CAMHS improvement plan | →2 | 4.8a - Progress CAMHS improvement plan | Operations |
| 4.8b | Neurodiversity improvement plan | →2 | 4.8b - Progress Neurodiversity improvement plan | Operations |
| 4.9a | Revised UEC Programme and improvement in 4 hour ambulance handover times | →2 | 4.9a - Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers | Operations |
| 4.9b | Commence UEC Winter Planning | →2 | 4.9b – Continue UEC Winter planning and preparations | Operations |
| | | **NEW** | 4.10 – Orthopaedic Improvement Plan - As part of the Planned care Programme, refine the work programme for Orthopaedic care | Operations |

**Outcome 5: A learning and self-improving organisation**

| | Cycle 1 (Jun – Aug) | | Cycle 2 (Sep – Nov) | Exec lead |
|---|---|---|---|---|
| 5.1 | Develop a 'Learning Organisation' Framework | →2 | 5.1 - Develop a 'Learning Organisation' Framework, including a single repository for all organisational learning | ED WOD |
| 5.2 | Effective procedures for learning from incidents and preparing for inquests and HSE | →2 | 5.2 - Effective procedures for learning from incidents and preparing for inquests and HSE | EDN |
| 5.3 | Clinical Governance review | →2 | 5.3 - Clinical Governance review | EDN |
| 5.4 | Transformation & Improvement support | →2 | 5.4 - Transformation & Improvement support allocation to priority areas | ED P&T |
| 5.5 | Scope an enhanced Healthcare Public Health programme | →2 | 5.5 - Implement an enhanced Healthcare Public Health programme | ED PH |
| 5.6 | Develop Special Measures assurance approach | →2 | 5.6 - Embed Special Measures assurance approach | Board Sec |
| 5.7 | Develop proposal to become an intelligence led organisation | →2 | 5.7 - Implement proposal to become an intelligence led organisation (covering Data, Intelligence & Insight) | CDIO |